

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021536

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5684

VS. 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEATH

| | | | |
|--|---|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN ST. LOUIS, MO | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1 | | d. STREET ADDRESS (If outside, give location) 3004a Hickory St., | |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle EMORY Last EMORY | | 4. DATE OF DEATH Month MAY Day 28 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-6-75 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 11. BIRTHPLACE (City and state or country) Georgia | |
| 13a. FATHER'S NAME John Emory | | 14. NAME OF HUSBAND OR WIFE Rebecca Emory | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | | 17. INFORMANT Address Rebecca Emory 3004a Hickory St., | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.V.A. (Coronary Embolism) DUE TO (b) Mural Thrombosis DUE TO (c) MYOCARDIAL INFARCTION PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) LUFTIC MONITIS | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201B | |
| 20c. TIME OF INJURY Hour 7:30 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from 5/24/63 to 5/28/63 and last saw her alive on 5/28/63 Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 5/28/63 | |
| 22a. SIGNATURE (Degree or title) J. E. Druehl M.D. | | 22b. ADDRESS 1515 LAFAYETTE AVE | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5-31-63 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | |
| 24. FUNERAL DIRECTOR G. Wade Granberry | | 25. DATE RECD. BY LOCAL REG. MAY 29 1963 | |
| 26. REGISTRAR'S SIGNATURE Paul Smith M.D. | | 27. LOCATION (City, town, or county) St. Louis County, Mo., | |

T. E. Brittingham, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.